

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/786110

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2	/	/	/	/		
3	2	2	2	2		
4	2	2	2	2		
5	1	1	1	1		
6	/	/	/	/		
7	/	/	/	/		
8	2	2	2	2		
9	2	2	2	2		
10	2	2	2	2		
11	2	2	2	2		
12	1	1	1	1		
13	2	2	2	2		
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TOTAL IND.	2	2	2	2		
TOTAL DEP.	28	23	25	25		
TOTAL CLAIMS	20	25				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy